## APPENDIX A

## LETTER OF INTENT (LOI) HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE

## A. INSTRUCTIONS FOR COMPLETING A LOI FORM

The Form, Figure A-1, must be typed

- 1. This section is for the Personal Property Shipping Office (PPSO) use only: Carriers do not use this section.
  - a. BLOCK A. Title of approving official.
  - b. BLOCK B. Signature of person authorized to sign this form.
  - c. BLOCK C. Date accepted by PPSO.
  - d. BLOCK D. The Cycle the LOI will become effective, e.g., Domestic Summer 2003/Domestic Winter 2003 (DS03/DW03), or International Summer 2003/International Winter 2003 (IS03/IW03).
- 2. This section is for carrier use only. Title, typed name, and the signature of the carrier approving official and date.
  - a. CARRIER NAME: Full name of carrier.
  - b. CARRIER SCAC: Carrier's 4-letter Standard Carrier Alpha Code.
  - c. CARRIER PHONE: Carrier must indicate the same phone number(s) as on the (Electronic) Tender of Service Signature Sheet (ETOSSS) filed with Headquarters (HQ) Military Traffic Management Command (MTMC).
  - d. CARRIER ADDRESS: If both a physical address and a post office address are indicated on the ETOSSS filed with HQ MTMC, indicate the same exact addresses.
  - e. CARRIER FAX: Carrier must indicate the same FAX number as on the ETOSSS filed with HQ MTMC.
  - f. CARRIER E-MAIL: Carrier must indicate the same e-mail address as on the ETOSSS filed with HQ MTMC.
  - g. TO: PPSO address and Bill of Lading Office Code.
  - h. TYPE OF LOI: Check type of LOI. Only one type of LOI must be indicated per LOI.
  - i. NEW OR REPLACEMENT LOI: Indicate if this is a new or replacement LOI.
    - (1) New LOI: If carrier does not have a valid LOI on file at the PPSO.

- (2) Replacement LOI: i.e., change of agent, phone number, address, enter "Acceptance Date" of the LOI on file being replaced.
- j. THIS LOI IS APPLICABLE TO YOUR OPERATING AREA(S). List operating area(s).
- k. SCOPE OF OPERATING AUTHORITY AS INDICATED ON CERTIFICATES/PERMITS ON FILE WITH HEADQUARTERS MTMC: Check box. List the 2-letter State code for any exception(s). For intrastate, check Block G and list the 2-letter State code. If requested by the PPSO, intrastate carriers must provide a copy of their operating authority.

## 1. LIST OF DESIGNATED AGENTS:

- (1) List the Code of Service, i.e., Code 1, Code J, Code 4.
- (2) If the carrier listed is your booking agent, show a "Y", if carrier listed is not your booking agent, show an "N".
- (3) Use only if the agent has a different mailing address than the physical address.
- (4) List the full name and address of the agent.
- (5) List the phone number and FAX number.
- m. REMARKS: This section may be used by the carrier and/or PPSO. This section may be used for any additional information. If a carrier has a restricted operating authority, it must be listed here. The PPSO must list reason for rejection (if applicable) in this Block.
- n. TO action upon receipt of the LOI:
  - (1) Acknowledging Receipt of the LOI. The LOI will be submitted to the TO. If submitted by registered or certified mail, the PS Form 3811, <u>Domestic Return Receipt</u>, (See Figure 402-2), will serve as notification of receipt of the LOI. If hand-delivered, the LOI will be submitted in duplicate with one copy stamped and returned to the carrier. If submitted by fax, the TO will sign and date the LOI in BLOCK 14, as an acknowledgement of receipt only and return the signed copy by FAX.
  - (2) Acceptance or Rejection of the LOI. Within 30 calendar days of receipt, the TO must determine whether or not the carrier has met all requirements and must advise the carrier, in writing, of the LOI's acceptance or reason for rejection. Acceptance action (dated and signed with the effective rate cycle) will be annotated on the top portion of the LOI. LOIs must be submitted 30 days prior to a rate cycle filing date to be considered for that rate cycle. For International, any LOI received after the 30-day time frame will be considered for the following rate cycle. For Domestic, any LOIs received after the 30-day time frame will be effective for the next rate filing.
- o. Carrier's Appeal Upon Rejection of the LOI. A carrier notified that the LOI was rejected has the right to appeal the decision or request further consideration after correcting deficiencies. The TO will make every effort to resolve these appeals at the local level. Appeals that cannot be resolved by the TO will be referred to HQ MTMC for resolution. In all such cases, the HQ MTMC decision will be final.

**Note**: If any information changes, the carrier must submit an updated ETOSSS to HQ MTMC, and a "Replacement" LOI to the PPSO.

3. The LOI may be entered in a personal computer, but the format and content must be exactly the same as Figure A-1.

	LETTE	R OF INTENT (LOI)	Page 1 of 2			
HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE (PRESCRIBING DIRECTIVE IS DOD 4500.9-R)						
THIS SECTION FOR PPSO USE ONLY						
A. TITLE	A. TITLE C. ACCEPTANCE		D. THIS LOI IS EFFECTIVE			
B. SIGNATURE			CYCLE			
THIS SECTION FOR CARRIER USE ONLY						
YOU ARE REQUESTED TO ACCEPT THIS LOI AS EVIDENCE OF OUR INTENT TO PROVIDE PERSONAL PROPERTY SERVICES FROM YOUR AREA(S) OF RESPONSIBILITY. WE ARE A DOD APPROVED CARRIER HAVING COPIES OF FEDERAL AND/OR STATE CERTIFICATES AND/OR PERMITS ON FILE WITH HQ MTMC. I CERTIFY THAT THE FOLLOWING STATEMENTS ARE: TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION AND/OR FALSIFICATION MAY BE SUBJECT TO PROSECUTION UNDER SECTION 1001, TITLE 18, UNITED STATES CODE. I FURTHER CERTIFY I HAVE WRITTEN AGREEMENTS WITH AGENTS INDICATED ON THIS LOI FOR THE PURPOSE OF HANDLING NOTED CODES OF SERVICE. I CERTIFY THAT FACILITIES OF THESE AGENTS HAVE BEEN INSPECTED BY AN AUTHORIZED REPRESENTATIVE OF MY COMPANY AND SUCH FACILITIES MEET THE STANDARDS OF THE TENDER OF SERVICE.						
TITLE, TYPED NAME AND SIGNATURE OF CARRIER APPROVING OFFICIAL DATE						
LOI WILL REMAIN ON FILE CONTINUOUSLY UNTIL REPLACED WITH ANOTHER LOI OR RETURNED BY PPSO.						
1. CARRIER NAME:	2. CARRIER SCAC:	3. CARRIER PHONE:				
4. CARRIER ADDRESS:		5. CARRIER FAX	5. CARRIER FAX			
CARRIER P.O. BOX:		6. CARRIER E-MAIL:	6. CARRIER E-MAIL:			
7. TO: (PERSONAL PROPERTY SHIPPING OFFICE/BLOC)						
8. TYPE OF LOI: (CHECK ONLY ONE TYPE PER FORM)						
ADOMESTIC INTRASTATE BDOMESTIC INTERSTATE CINTERNATIONAL HHG DINTERNATIONAL UB						
9. NEW OR REPLACEMENT LOI:						
ANEW LOI BTHIS LOI REPLACES LOI ACCEPTED						
10. THIS LOI IS APPLICABLE TO YOUR OPERATING AREA(S) (LIST AREA(S)):						
11. SCOPE OF OPERATING AUTHORITY AS INDICATED ON CERTIFICATES/PERMITS ON FILE WITH HEADQUARTERS MTMC(*):						
A. C = CONU S		E. CAE = CONUS + AK	W/EXCEPTION ( )			
B CA = CONUS + AK	CA = CONUS + AK & HI W/EXCEPTION ( )					
C. CAH=CONUS + AK & HI		G. I = INTRASTATE (	G. I = INTRASTATE ( )			
D. CE =CONUS W/EXCEPTION ( )		* PPSO MAY REQUEST	* PPSO MAY REQUEST A COPY			

Figure A-1. Letter of Intent (LOI)

		LETTER OF INTENT (LOI)	)	Page 2 of 2		
HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE (PRESCRIBING DIRECTIVE IS DOD 4500.9-R)						
			3. CARRIER SCA	AC:		
12. LIST OF D	ESIGNATED AGENTS:					
A. C/S	B. BOOKING AGENT	C. AGENT NAME/MAILING ADDRESS	D. AGENT PHYSICAL ADDRESS	E. PHONE/FAX		
13. REMARKS (THIS SECTION MAY BE USED BY CARRIER AND/OR PPSO)						

Figure A-1. Letter of Intent (Cont'd)

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